

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155159		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/17/2013	
NAME OF PROVIDER OR SUPPLIER SUMMIT CITY NURSING AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 2940 N CLINTON ST FORT WAYNE, IN 46805			
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F0000	<p>This visit was for the Recertification and State Licensure Survey.</p> <p>Survey dates: January 10, 11, 14, 15, 16, 17, 2013</p> <p>Facility number: 000079 Provider number: 155159 AIM: 100266160</p> <p>Survey team: Tim Long, RN-TC Rick Blain, RN, Carol Miller, RN Diane Nilson, RN (1/10, 1/14, 1/15, 1/16, 1/17, 2013) Angie Strass, RN (1/11, 2013)</p> <p>Census bed type: SNF/NF: 67 Total: 67</p> <p>Census Payor type: Medicare: 3 Medicaid: 60 Other: 4 Total: 67</p> <p>These deficiencies reflect state finding cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on January</p>		F0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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FORM APPROVED

OMB NO. 0938-0391

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	24, 2013 by Randy Fry RN.						

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F0223 SS=A	<p>483.13(b), 483.13(c)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION</p> <p>The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.</p> <p>The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.</p> <p>Based on interview and record review the facility failed to ensure 1 resident was free from abuse in a sample of 3 residents reviewed for abuse (resident #48).</p> <p>Findings include:</p> <p>On 1/11/13 at 11:13 A.M. an interview was conducted with Resident #48. The resident indicated staff had been rude to her a couple of days ago. Resident #48 indicated she had reported the incident to the facility staff.</p> <p>On 1/15/13 at 11:00 a.m. a Resident Concern/Grievance Form was provided by the Director Nursing Service (DNS) dated 1/9/13 indicated Resident #48 had her call light on for over a 1/2 hour and the resident was yelling because she needed to use the bed pan. When LPN #4 entered the resident's room the resident indicated LPN #4 had a rude attitude</p>		F0223	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation. This provider requests desk review in lieu of a post survey follow-up visit</p> <p>F 223 FREE FROM ABUSE/INVOLUNTARY SECLUSION</p> <p>It is the practice of this provider to ensure that residents are free from verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice</p> <p>• Resident #48 has been reviewed to ensure the resident is</p>		02/06/2013	

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	<p>and make rude remarks toward the resident. The Resident Concern/Grievance Form indicated LPN #4 was immediately suspended and an investigation was initiated and the allegation was substantiated and indicated the LPN #4 was "...inconsiderate treatment by (sic) nurse (sic) found"</p> <p>On 1/17/13 at 1:00 p.m. a Record Of Facility Inservice was received from the DNS and indicated on 12/4/12 LPN #4 had been inserviced on the abuse protocol.</p> <p>3.1-27(b)</p>			<p>free from any abuse or involuntary seclusion</p> <p>• In-service was conducted by the DNS or designee on the facility's abuse policy and procedure by February 6th, 2013</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken</p> <p>• Residents residing in the facility have the potential to be affected by the alleged deficient practice</p> <p>• In-service was conducted by the DNS or designee on the facility's abuse policy and procedure by February 6th, 2013</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur</p> <p>• In-service was conducted by the DNS or designee on the facility's abuse policy and procedure by February 6th, 2013</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place</p>			

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				<ul style="list-style-type: none"> • A "Facility abuse protocol audit tool" will be completed daily x 2 weeks, weekly x 2 weeks, and then monthly thereafter to assure compliance is met threshold of 100% • The CQI team will review the data collected. If threshold of 100% is not achieved, an action plan will be developed, to ensure compliance <p>Compliance date: February 6 th , 2013</p>			

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F0356 SS=C	<p>483.30(e) POSTED NURSE STAFFING INFORMATION The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: <ul style="list-style-type: none"> - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> o Clear and readable format. o In a prominent place readily accessible to residents and visitors. <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>Based on observation and interview the facility failed to ensure nurse staff posting was completed on a daily basis</p> <p>Findings include:</p>	F0356	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.	02/06/2013			

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	<p>Based on observation and interview, During initial tour of the facility, at 10:05 a.m., on 1/10/13, the nursing staffing schedule sheet was posted inside the window of the front entrance reception desk. The staffing schedule was dated 12/20/12. The Director of Nursing Services was interviewed at 10:10 a.m., on 1/10/13, and indicated the staffing schedule should be changed daily, but the facility hired a new scheduler and the Director of Nursing Services indicated she was not sure the new scheduler was aware she had to post the schedule daily.</p>			<p>This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation. This provider requests desk review in lieu of a post survey follow-up visit F 356 Posted nurse staffing information</p> <p>It is the practice of this provider to ensure that posting the following information on a daily basis: Facility name, The current date, the total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: Registered nurses, licensed practical nurses or licensed vocational nurses (as defined under state law) and Resident census</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice</p> <ul style="list-style-type: none"> • No residents were identified to be affected by the alleged deficient practice • The nursing staffing scheduled is now posted daily <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be</p>			

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			<p>taken</p> <ul style="list-style-type: none"> •Residents residing in the facility have the potential to be affected by the alleged deficient practice •The nursing staffing schedule is posted daily •In-service will be provided to the DNS by the Executive Director or designee on assuring the required staffing posting is completed on a daily basis by February 6 th ,2013 <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur</p> <ul style="list-style-type: none"> •In-service will be provided to the DNS by the Executive Director or designee on assuring the required staffing posting is completed on a daily basis by February 6 th ,2013 •ED/designee will ensure staffing is posted at the beginning of the day <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place</p> <ul style="list-style-type: none"> •A "Staffing posting audit tool" will be completed daily x 2 weeks, weekly x 2 weeks, 				

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				<p>and then monthly thereafter to assure compliance is met threshold of 100%</p> <ul style="list-style-type: none"> • The CQI team will review the data collected. If threshold of 100% is not achieved, an action plan will be developed, to ensure compliance <p>Compliance date: February 6 th , 2013</p>			

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F0425 SS=D	<p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>Based on observation and interview, the facility failed to ensure medication was administered following the manufacturers instructions for one of four residents reviewed for G-tube medications (#98).</p> <p>Findings include:</p> <p>During observation of the medication pass, at 4:00 p.m., on 1/14/13, LPN #2 prepared medications for Resident #98. She was noted to</p>			F0425	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any</p>		02/06/2013

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	<p>crush an Amitiza capsule (used to treat chronic idiopathic constipation) then placed the capsule in a plastic medication cup. She added water to the medication cup, and then gave the medication through the Gastrostomy Tube (G-tube). The LPN indicated she had talked to the Physician/Nurse Practitioner about giving this capsule through the G-tube as she indicated she was worried about placing the crushed capsule in the G-tube, but the physician did not change the medication and the LPN indicated the G-tube had not clogged yet. The LPN indicated it was difficult putting the capsule through the G-tube, and she was observed to use a spoon and had to add water several times to the medication cup in order to get the medication through the tube, as the capsule was sticking to the side of the plastic medication cup.</p> <p>LPN #3 was interviewed, at 9:40 a.m., on 1/15/13. When asked regarding the administration of the Amitiza through the G-tube, she was noted to use the Internet to look up the medication. She indicated according to the information on the Internet, the Amitiza capsule should not be crushed.</p> <p>An interview with the Assistant</p>		<p>conclusion set forthin the statement of deficiencies, or of any violation of regulation. Thisprovider respectfully requests that the 2567 Plan of Correction be consideredthe Letter of Credible Allegation. Thisprovider requests desk review in lieu of a post</p>				

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	<p>Director of Nursing (ADN) on 1/15/13 at 1:30 P.M. indicated the facility no longer uses drug handbooks for medication information, instead they use the Internet. The ADN indicated no specific site is used for information, instead they type the name of the medication in "Google" and pick a reputable web site for information.</p> <p>An interview with the pharmacist on 1/15/13 at 9:49 A.M. indicated in the Amitiza capsules there was such a minute quantity of drug, as it was in micrograms, that you would not even see the medication, and indicated it would be like a spec of dust. He indicated the Amitiza should not be crushed, and should not be given crushed through a G-tube. The pharmacist indicated, "We probably should have let them know, it should not be given through a g-tube".</p> <p>An interview with RN #5 at 9:45 a.m., on 1/17/13, indicated the physician had written a new order regarding the Amitiza and indicated the physician wanted the medication to be given through the G-tube because he had tried other medications on this resident and the Amitiza was the only medication that worked.</p>		<p>survey follow-up visit F 425 Pharmaceutical services-accurate procedures</p> <p>It is the practice of this provider to ensure that pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biological) to meet the needs of each resident. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice · Resident #98 medication review was completed by pharmacy to assure compliance · Resident #98 is receiving medication per physician's order · In-service was completed by the DNS or designee on ensuring g-tube medications are administered following the manufacturer's instructions by February 6th, 2013. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken · Residents residing in the</p>				

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	<p>Review of the physician order, provided by RN #5, and dated 1/15/13, indicated to continue Amitiza and squeeze the contents into water and administer via the G-Tube.</p> <p>3.1-25(a)(1)</p>			<p>facility that receive medication per G-tube have the potential to be affected by the alleged deficient practice. All residents residing in the facility that receive medications per g-tube will receive pharmacy medication review by the pharmacy consultant to assure medications are administered per manufacturer's guidelines and physician orders by February 6 th , 2013. In-service was completed by the DNS or designee on ensuring g-tube medications are administered following the manufacturer's instructions by February 6 th , 2013. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur In-service was completed by the DNS or designee on ensuring g-tube medications are administered following the manufacturer's instructions and physician orders by February 6 th , 2013. Facility's pharmacy consultant will review residents receiving medication per g-tube medication regimen monthly to assure medication is administered following manufacturer's instructions and physician orders How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place A "G-tube medication regimen</p>			

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				<p>administrationtool" will be completed weekly x 4weeks, monthly x 2 months, and then quarterly thereafter to assure compliance is met threshold of 100% · The CQI team will review the datacollected. If threshold of 100% is not achieved, an action plan willbe developed, to ensure compliance Compliance date: February6 th , 2013.</p>			

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F0441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, interview, and record review, the facility failed to</p>			F0441	The creation and submission of this Plan of Correction does not		02/06/2013

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NAME OF PROVIDER OR SUPPLIER SUMMIT CITY NURSING AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 2940 N CLINTON ST FORT WAYNE, IN 46805			
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	<p>ensure a sanitary procedure was utilized while giving medications through enteral tubes. This affected 3 of 4 residents observed receiving medication through their feeding tubes, Residents # 97, 98, and 101.</p> <p>Findings include:</p> <p>During observation of the medication pass, at 3:43 p.m., on 1/14/13, LPN #2 was observed preparing medications for Resident #101. The resident was observed to have a continuous tube feeding infusing, the LPN paused the tube feeding, removed the feeding tube from the Peg Tube site, and without covering the end of the feeding tube, hung it over the pole where the tube feeding was hanging.</p> <p>The LPN gave the medications through the Peg tube, then replaced the end of the tube into the Peg tube site.</p> <p>At 4:00 p.m., on 1/14/13, LPN #2 was observed preparing medications for Resident #98. After preparing the medications, she removed the feeding tube from the G-tube site, then laid the tube on the blanket on the resident's lap, without covering the end of the feeding tube. The tube was noted to slide down between the</p>		<p>constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation. This provider requests desk review in lieu of a post survey follow-up visit</p> <p>F 441 Infection control, prevent spread, linens</p> <p>It is the practice of this provider to ensure that an infection control program is designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice</p> <ul style="list-style-type: none"> • Resident #101 g-tube medication administration was reviewed to assure prevention of infection program is in place during medication administration • Resident #98 g-tube 				

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	<p>blanket and the side of the arm of the wheelchair the resident was sitting in. The top part of the tube was exposed, but part of the tube was not visible. When the nurse finished giving the medications, she pulled the feeding tube around, and the end of the uncovered tube was noted to touch the resident's hand..</p> <p>At 4:35 p.m., on 1/14/13, LPN #2 was observed preparing medications for Resident #97. The resident was noted to have a continuous tube feeding infusing, and the LPN paused the feeding, removed the feeding tube, from the G-tube site and laid the feeding tube over a pillow which was being used to prop the resident's back. The end of the uncovered tube was noted to be touching the linen on the resident's bed.</p> <p>The Infection Control/Staff Development Nurse was interviewed at 4:20 p.m., on 1/16/13, and indicated he had just given an inservice on enteral feedings, and indicated it would be appropriate to place the feeding tube in a bag hanging on the feeding tube pole, but would not be appropriate to lay the uncovered tube on a resident's bed, or hang the uncovered tube over the feeding tube pole.</p>		<p>medication administration was reviewed to assure prevention ofinfection program is in place during medication administration</p> <ul style="list-style-type: none"> Resident#97 g-tube medication administration g-tube was reviewed to assure preventionof infection program is in place during medication administration In-servicewill be provided to all licensed nursing personnel by the DNS or designee onthe facility's infection control program regarding g-tube medicationadministration by February 6 th , 2013 Skillsvalidation will be provided to all licensed nursing personnel by the DNS ordesignee on assurance of the facility's infection control program regardingg-tube medication administration by February 6 th , 2013 <p>How will you identify otherresidents having the potential to be affected by the same deficient practiceand what corrective action will be taken</p> <ul style="list-style-type: none"> Residents residing in the facility thatreceive medication administration per g-tube have the potential to be affectedby the alleged deficient practice In-servicewill be provided to all licensed nursing personnel 				

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	<p>Review of the Facility Policy for Enteral tube-Medication Administration, from 01/2010, provided by Corporate Nurse #1, on the afternoon of 1/15/13, indicated there were no specific instructions on where to place the feeding tube while giving medications.</p> <p>Corporate Nurse #2 was interviewed, at 10:56 a.m., on 1/17/13, and indicated there was no written procedure regarding what to do with the feeding tube when disconnected to give medications, and indicated the facility policy did not address this. She indicated ideally the end of the feeding tube should be capped while giving medications, but the procedure was a "clean" technique, not a sterile one, and there was no information on the exact procedure.</p> <p>3.1-18(b)(4)</p>			<p>by the DNS or designee on the facility's infection control program regarding g-tube medication administration by February 6 th , 2013</p> <ul style="list-style-type: none"> • Skills validation will be provided to all licensed nursing personnel by the DNS or designee on assurance of the facility's infection control program regarding g-tube medication administration by February 6 th , 2013 <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur</p> <ul style="list-style-type: none"> • In-service will be provided to all licensed nursing personnel by the DNS or designee on the facility's infection control program regarding g-tube medication administration by February 6 th , 2013 • Skills validation will be provided to all licensed nursing personnel by the DNS or designee on assurance of the facility's infection control program regarding g-tube medication administration by February 6 th , 2013 • DNS/designee will conduct rounds on all three shifts to ensure proper infection control technique per utilized 			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/06/2013
FORM APPROVED
OMB NO. 0938-0391

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				<p>during g-tube medication administration</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place</p> <ul style="list-style-type: none"> • A "G-tube medication regimen administration tool" will be completed daily x 2 weeks, weekly x 4 weeks, and then quarterly thereafter to assure compliance is met threshold of 100% • The CQI team will review the data collected. If threshold of 100% is not achieved, an action plan will be developed, to ensure compliance <p>Compliance date: February 6th, 2013</p>			